

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000035543

FILED
Apr 29, 2014
Secretary of State
CC6014269330

Entity Name: DISNEY VACATION CLUB HAWAII MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

1390 CELEBRATION BLVD.
CELEBRATION, FL 34747

Current Mailing Address:

500 S BUENA VISTA ST
BURBANK, CA 91521

FEI Number: 27-2432600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAIGMILE, JEFFREY S
1375 BUNEA VISTA STREET, 4TH FLOOR NORTH
LAKE BUENA VISTA, FL 32830 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title SOLE MEMBER
Name DISNEY VACATION DEVELOPMENT, INC.
Address 1390 CELEBRATION BLVD.
City-State-Zip: CELEBRATION FL 34747

Title PRESIDENT
Name HOLZ, KARL L
Address 200 CELEBRATION PLACE
City-State-Zip: CELEBRATION FL 34747

Title SENIOR VP
Name POTROCK, KENNETH M
Address 1170 CELEBRATION BLVD
City-State-Zip: CELEBRATION FL 34747

Title SECRETARY, VP
Name REED, MARSHA L
Address 500 S. BUENA VISTA STREET
City-State-Zip: BURBANK CA 91521

Title SENIOR VICE PRESIDENT
Name VAHLE, JEFF
Address 3401 EAST VISTA BLVD
City-State-Zip: LAKE BUENA VISTA FL 32830

Title TREASURER, VP
Name SAKASKE, SHANNON
Address 1170 CELEBRATION BLVD
City-State-Zip: CELEBRATION FL 34747

Title ASST. SECRETARY
Name NIEMAN, LEIGH ANNE
Address 1390 CELEBRATION BLVD.
City-State-Zip: CELEBRATION FL 34747

Title ASST. SECRETARY
Name CHANG, YVONNE
Address 1390 CELEBRATION BLVD.
City-State-Zip: CELEBRATION FL 34747

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARSHA L REED

SECRETARY

04/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. TREASURER
Name SALAMA, MICHAEL
Address 500 S BUENA VISTA ST
City-State-Zip: BURBANK CA 91521

Title ASST. TREASURER
Name PAULSEN, BRIAN
Address 1390 CELEBRATION BLVD.
City-State-Zip: CELEBRATION FL 34747

Title VP
Name HAMILTON, ANNE
Address 200 CELEBRATION PLACE
City-State-Zip: CELEBRATION FL 34747

Title VP
Name SISKIE, SHARON
Address 220 CELEBRATION PLACE
City-State-Zip: CELEBRATION FL 34747

Title ASST. TREASURER
Name WALLS, ALISON
Address 1390 CELEBRATION BLVD.
City-State-Zip: CELEBRATION FL 34747

Title VP
Name MILLS, ELLIOTT
Address 92-1185 ALIINUI DRIVE
City-State-Zip: KAPOLEI HI 96707

Title VP
Name PARSONS, CRAIG
Address 220 CELEBRATION PLACE
City-State-Zip: CELEBRATION FL 34747